

*Involvement*  
*of*  
**Non-Governmental Organizations**  
*in the*  
**Revised National Tuberculosis Control Programme**



Central TB Division  
Directorate General of Health Services  
Ministry of Health and Family Welfare  
Nirman Bhavan, New Delhi 110 011

***Community Health Cell***

Library and Documentation Unit

367, "Srinivasa Nilaya"

Jakkasandra 1st Main,

1st Block, Koramangala,

BANGALORE-560 034.

Phone : 5531518

Involve  
ment  
of  
Non-Governmental Organizations  
in the  
Revised National Tuberculosis Control Programme



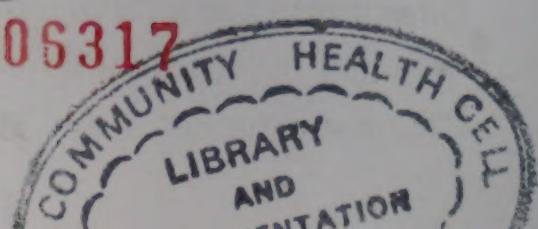
Central TB Division

Directorate General of Health Services  
Ministry of Health and Family Welfare  
Nirman Bhavan, New Delhi 110 011

for CHC  
Bangalore  
from Dr. Khatib  
DDG-TB.  
In  
22/5/2000

DIS 319 N99

06317



## CONTENTS

<b>Introduction</b>	<b>1</b>
<b>Strategy</b>	<b>2</b>
<b>Schemes for Collaboration</b>	<b>2</b>
Scheme 1 Health Education and Community Outreach	3
Scheme 2 Provision of Directly Observed Therapy	4
Scheme 3 In-Hospital Care for Tuberculosis Disease	6
Scheme 4 Microscopy and Treatment centre	8
Scheme 5 Tuberculosis Unit Model	10
<b>Procedures</b>	<b>13</b>
<b>Summary of Schemes</b>	<b>14</b>
<b>Letter of Agreement: Scheme 1</b>	<b>17</b>
<b>Letter of Agreement: Scheme 2</b>	<b>19</b>
<b>Memorandum of Understanding: Scheme 3</b>	<b>21</b>
<b>Memorandum of Understanding: Scheme 4</b>	<b>23</b>
<b>Memorandum of Understanding: Scheme 5</b>	<b>27</b>
<b>Annex</b>	<b>32</b>



## INTRODUCTION

Involvement of Non-Governmental Organizations (NGOs) in the Revised National Tuberculosis Control Programme (RNTCP) is of vital importance. NGOs have an active role in health promotion in the community and many patients seek treatment from/through them. Depending on the capacity of the NGOs, their possible areas of involvement can be health education, service delivery, planning, programming, implementation, training and evaluation. The Indian Medical Association (IMA) and its state branches, the TB Association of India with its state affiliates and similar institutions as well as NGOs active/interested in the field of TB control are proposed to be appropriately involved in the RNTCP. The objective is to provide uniformity in diagnosis, treatment, and monitoring through a wider programme base so as to maximize cure and stop the spread of tuberculosis.

If an NGO is already providing satisfactory services in tuberculosis control in RNTCP areas, it should not be displaced by new, parallel structures established by the RNTCP. However, the NGO must follow all principles of the RNTCP.

Domiciliary treatment should be the standard of care, and hospitalization reserved only for seriously ill patients. Resources thus saved should be used for more essential tuberculosis control activities. Patients living outside the district where the hospital is located, unless critically ill, should not be started on anti-TB treatment, because a high proportion will not be able to continue/complete treatment. Unless critically ill, patients who live outside the area should not be admitted as inpatients for treatment.

There are various schemes for collaboration with NGOs.

**Scheme 1:** Health education and community outreach

**Scheme 2:** Provision of directly observed treatment

**Scheme 3:** In-hospital care for tuberculosis disease

**Scheme 4:** Microscopy and treatment centre

**Scheme 5:** TB Unit Model

Scheme 5 of this policy is a complex issue, and the policy is a broad guiding principle and cases should be decided on a case-by-case basis.

District level officials (District Tuberculosis Officer, Chief Medical Officer, etc.) and members of the District Tuberculosis Control Society (DTCS) must assist the NGO in ensuring smooth cooperation and coordination with the different government health care facilities.

## STRATEGY

There is a need for close collaboration with NGOs in implementing the RNTCP. Structures in the RNTCP at the national, state and the district level would provide the vehicle for such collaboration between the government and NGOs in tuberculosis control.

Planned activities to ensure the participation of NGOs as partners in the RNTCP include:

- (i) Inviting representatives of NGOs to serve as members of the coordination committees at the different levels;
- (ii) Providing interested NGOs with information and literature on the RNTCP on a regular basis;
- (iii) Involving NGOs in the planning, implementation and evaluation of the TB control programme through the National Tuberculosis Coordination Committee, State Tuberculosis Coordination Committee and the District Tuberculosis Control Societies;
- (iv) Inviting NGOs to visit pilot sites to get a better understanding of the RNTCP and share their knowledge of working with TB patients/providers;
- (v) Inviting NGOs working in the district and willing to be involved in the RNTCP to furnish details of their activities and areas of coverage to the DTCS as soon as possible. In doing so, NGOs would also specifically define their functions relating to TB control and clarify the particular area of the RNTCP in which they can participate. NGOs would likewise identify the particular geographical area for the activities they propose to undertake under the RNTCP.
- (vi) Inviting NGOs to participate in RNTCP training. Training in the RNTCP would be offered free to NGO staff. After having been trained, NGOs which are willing to assume the responsibility of imparting training will be given adequate support.

## SCHEMES FOR COLLABORATION

Collaboration with NGOs is possible in the following schemes. These schemes are applicable in all States and Union Territories (UTs) of India where the RNTCP is in operation.

## SCHEME 1

### Health Education and Community Outreach

#### General Description

Staff and volunteers of the NGO provide advocacy, information, education, and communication activities relating to tuberculosis and its treatment. Another important area for this group could be retrieval of defaulters. All types of NGOs, not just health NGOs, can play an important role in advocacy and in promoting the RNTCP.

#### Role of the NGO

To perform these functions, the NGO will sensitize and train volunteers, disseminate information, provide counselling to patients and families, sensitize, orient and advocate with key groups, and, if agreed, retrieve defaulters in their area. For retrieval of defaulters, close coordination with local RNTCP staff is essential (e.g. posting of an NGO volunteer at the DOTS centre for defaulter retrieval). NGOs can play a role in formulating, developing, and revising Information, education and communication (IEC) materials which are appropriate for the local context.

#### Role of the District TB Control Society/District TB Centre

To ensure successful collaboration, the TB Programme (District TB Control Society, DTO, and staff) will ensure appropriate orientation and training of trainers from the NGO who in turn will provide training to NGO volunteers.

#### Commodity Assistance

##### *In kind*

Literature for training and orientation shall be provided by the District TB Society, as available and appropriate.

#### Grant-in-Aid

Payment for training will be as per government rates. A sum of Rs 5000 will be paid as annual incidental charges for postage, use of telephone, fax, transportation, etc. This is for covering a population of 10 lakhs.

#### Requirements/Eligibility Criteria

The NGO must be registered under the Societies Registration Act and should have a minimum of one-year experience with IEC or training in health or related fields. In addition, the NGO must give a letter with specific plan for activities.

## SCHEME 2

### Provision of Directly Observed Therapy

#### General Description

Staff or volunteers of the NGO provide directly observed treatment (DOT) to patients on RNTCP treatment.

#### Role of the NGO

The role of the NGO is to identify, train, and supervise volunteers who will be providing DOT. The NGO must also ensure adequate number of trained DOT providers at all times to ensure continuous service delivery. The NGO must ensure that treatment is observed strictly as per policy—every dose in the intensive phase and at least the first of three doses in the continuation phase; with the empty blister pack being returned at the time of administering the next observed dose during the subsequent week in the continuation phase. Records (e.g. Tuberculosis Treatment Card) must be maintained strictly as per RNTCP policy. The NGO must ensure that no charges are levied on patients for any service rendered. The policy of free diagnostic and treatment services must be publicized and strictly adhered to. The NGO can provide DOT either at an RNTCP facility, at one of their own facilities, or at any other mutually convenient place. NGOs which can provide services at a time and place convenient to patients (e.g. prior to or after working hours), can be useful in ensuring successful programme implementation. The DOT provider is also responsible for ensuring collection of sputum during treatment at the defined intervals, and for defaulter retrieval in case the patient does not receive DOT as scheduled.

#### Role of the District TB Control Society/District TB Centre

To ensure successful collaboration, the TB Programme (District TB Control Society, DTO, and staff) will ensure appropriate orientation and training of volunteers who provide DOT. In addition, TB Programme Staff (including Senior Treatment Supervisors, TB Health Visitors, etc.) will supervise volunteers providing DOT. In case of any adverse reactions to medications, the DOTS provider will refer the patient to the treating medical facility.

#### Commodity Assistance

##### *In kind*

Available and appropriate literature for training and orientation shall be distributed. Medications shall be provided for the patients placed on treatment. Sputum containers will be provided for follow-

examinations. Required formats (e.g. Tuberculosis Treatment Card, Laboratory Form for Sputum examination) shall also be provided as required.

### ***rant-in-Aid***

A sum of Rs 175 will be paid to an individual volunteer for each patient cured. This is to be disbursed only after cure of the patient is established except as outlined in the *Guidelines for the District TB Control Society*. Alternatively, the District TB Control Society may pay an agreed-upon amount to the NGO, based on an estimate of Rs 175/patient and expected caseload, subject to actual disbursement of honorarium. Such an arrangement is contingent upon satisfactory performance.

Annual incidental charges of Rs 10,000 will be paid for postage, use of telephone, fax, transportation, etc. for every one lakh population and will be adjusted proportionately on the basis of population.

### **Requirements/Eligibility Criteria**

The NGO must be registered under the Societies Registration Act and should have a minimum of one-year experience in outreach work in health or related fields.

In addition, the NGO must provide a plan of action, staff to be trained as trainers, and should preferably have volunteers who live or work in the area.

## In-Hospital Care for Tuberculosis Disease

### General Description

The NGO provides in-hospital care for tuberculosis patients who require such care. The hospital performs AFB smears as per the RNTCP guidelines for diagnosis and follow-up of patients on treatment, and participates in quality control of the District TB Centre. In some but not all cases, such a hospital may also be a microscopy centre (see Scheme 4), and/or, if appropriate geographically, a DOT provider (see Scheme 2).

### Role of the NGO

The NGO must strictly adhere to diagnostic and treatment policies as laid down in the RNTCP guidelines. In particular, three (3) smears must be obtained for diagnosis of chest symptomatics; and a 1-2 week trial of non-specific antibiotics given prior to beginning anti-tuberculosis treatment in case of smear-negative tuberculosis disease. The diagnostic algorithm of the RNTCP must be strictly followed in all symptomatics who report to the health facility. Of admitted patients being treated for pulmonary tuberculosis, not more than 20% are expected to be smear-negative patients.

Treatment is to be given as per RNTCP policy. Only the treatment regimens laid down in RNTCP guidelines are to be used for patients from RNTCP areas, and 'Categories' of treatment are to be strictly adhered to. In the extremely rare cases of intolerance to medications, which generally do not account for more than 5% of cases begun on anti-TB treatment in hospital, clinical judgement may prevail. The hospital must ensure proper follow-up sputum examinations as well as record-keeping as per the RNTCP policy.

Laboratory examinations including smear preparation, staining, disposal of contaminated materials, record-keeping, and participation in quality assurance should be undertaken as per the RNTCP policy.

*RNTCP treatment should be given only to those patients who live in areas covered by the RNTCP. Furthermore, great care must be taken to ensure that there is an effective system for referral of patients for follow-up care after they are discharged from the hospital.*

## **Role of the District TB Control Society/District TB Centre**

The TB programme will provide orientation, training, technical assistance, quality assurance of laboratory services, and supervision and monitoring of activities. It will also refer tuberculosis patients with serious complications who require hospitalization.

## **Commodity Assistance**

### ***In kind***

Available and appropriate literature for training and orientation shall be provided. Medications for RNTCP treatment will be provided for patients who live in an RNTCP area and who will continue RNTCP treatment after discharge from the hospital. Required formats (e.g. Tuberculosis Treatment Card, Laboratory Form for Sputum Examination, TB Laboratory Register) will be provided as required. If the hospital is a designated microscopy centre, it will be supplied with laboratory consumables, strictly to be used for the RNTCP.

### ***Grant-in-Aid***

Annual incidental charges of Rs 20,000 will be paid for postage, use of telephone, fax, transportation, etc. If the hospital is also a designated microscopy centre, the assistance envisaged in Scheme 4 would also be made available in such cases.

## **Requirements/Eligibility Criteria**

The NGO must be registered under the Societies Registration Act, and should have a minimum of 3 years experience in the area of operation. The hospital must have infrastructure, staff, or volunteers required for implementing the identified activities. These include trained staff and a functioning microscopy laboratory, as well as medical staff trained in and following RNTCP policies for diagnosis, treatment, recording, reporting, and referral. All medications and services under the RNTCP must be provided free of charge.

**Microscopy and Treatment Centre****General Description**

The NGO serves as a microscopy and treatment centre and is designated as such by the RNTCP.

**Role of the NGO**

The NGO provides AFB microscopy and TB treatment services free of charge. Technical policy for collection and examination of sputum and for providing anti-TB treatment is strictly as per RNTCP policy. Record-keeping and quality control are also to be done per RNTCP policy. The NGO is responsible for ensuring the treatment or referral of all patients found to have a positive AFB smear, and for ensuring follow-up treatment and sputum examinations for all patients placed on treatment. The NGO must ensure referral for treatment of patients found to be smear-positive but who live outside the NGO's catchment area. All sputum smear-negative cases should be given two weeks of antibiotics, free of cost, before they are sent for X-ray examination, as laid down in the diagnostic algorithm.

In the case of patients with chest symptoms who are found to have negative AFB smears or are suspected to have other forms of tuberculosis, the NGO will either evaluate the patient as per RNTCP policy, or will refer the patient to an identified referral centre for such evaluation.

The NGO must ensure that, in addition to a trained laboratory technician, there is a qualified Medical Officer (MO) trained in the RNTCP.

**Role of the District TB Control Society/District TB Centre**

The TB Programme will provide training and technical guidance and will perform laboratory quality control. In addition, the programme will assist the NGO in ensuring evaluation of smear-positive patients who live outside the catchment area of the NGO and have been referred by the NGO for treatment.

The TB Programme will monitor diagnostic quality (three smears taken for diagnosis and two for follow-up, proportion of positive smears, proportion of smear-negative cases, if any).

The TB Programme will list the facility as an approved RNTCP microscopy centre, as long as performance is satisfactory and RNTCP policies are adhered to.

## **Commodity Assistance**

### ***In kind***

The RNTCP will provide commodity assistance of laboratory materials and reagents (including sputum containers, equipment for waste disposal, and civil works) as needed, as well as laboratory forms and TB Laboratory Register. Anti-TB drugs will also be provided for patients, started on RNTCP treatment, who live in the catchment area of the NGO. If needed, the TB Programme may provide a microscope.

### ***Grant-in-Aid***

Annual incidental charges of Rs 50,000 will be paid for postage, use of telephone, fax, transportation, etc.

### **Requirements/Eligibility Criteria**

The NGO must be registered under the Societies Registration Act, should have a minimum of 3 years experience in the area of operation, and available infrastructure, staff, or volunteers required in the field.

In addition, the NGO must have a trained microscopist, a room of at least 10' x 10' size with laboratory facilities (water, sink, etc.). It must also have the regular services of an MO. All medications and other services under the RNTCP will be provided free of cost.

The microscope and unused materials and reagents will have to be returned to the District TB Control Society in the event that the NGO ceases to function as a microscopy centre.

## Tuberculosis Unit Model

### General Description

The NGO provides all RNTCP services earmarked for a Tuberculosis Unit (TU; approximately 5 lakh population). Strict compliance with the *Technical* and the *Operational Guidelines* of the RNTCP is mandatory. In general, this should only be considered in areas where the governmental infrastructure is not sufficient to ensure effective RNTCP implementation, and/or where an effective NGO is currently working in the field of health in this area. One NGO may cover more than one TU, but must meet all eligibility criteria for each TU.

### Role of the NGO

The NGO ensures full services for microscopy, treatment, direct observation, defaulter retrieval, recording and registration, supervision, etc. NGOs should comply with the relevant sections of the *Operational Guidelines* of the RNTCP (particularly Chapter 3, 'Functions') and ensure all programme implementation responsibilities. The NGO must also coordinate closely with all public and other health facilities in the area. The NGO must ensure the fulfillment of all roles delineated in Scheme 2 and Scheme 4, as well as the more general functions of the Tuberculosis Unit. It is of utmost importance that the NGO scrupulously maintains RNTCP records and submits quarterly reports to the District TB Officer in the prescribed manner and in a timely fashion.

### Role of the District TB Control Society/District Tuberculosis Centre

The DTCS/DTC provide technical orientation, guidance, and supervision. They ensure good integration of the TU operated by the NGO with other TUs in the District. They include the staff of the TU in all regular meetings of nodal RNTCP implementing staff.

In the case of Scheme 5, prior to rejecting any NGO proposal, the District TB Control Society/ State TB Cell must seek the approval of the Central TB Division.

### Commodity Assistance

#### *In kind*

The RNTCP will provide materials for training and implementation, including formats and registers; and in-kind provision of anti-TB drugs, co-trimoxazole (if necessary) and microscopes. Upgradation of microscopy facilities may be done as commodity assistance by the DTCS, or by grant-in-aid. If required, a 2-wheeler for mobility of the STS/STLS will be provided. Laboratory consumables may be provided in kind or as grant-in-aid.

## Grant-in-Aid

The available budget is given below. This is to be released by the DTCS to the NGO on a yearly basis. NGOs receiving grant-in-aid for the TB Units scheme will not be entitled to receive grant-in-aid for other schemes.

### Start-up Activities (one-time only)

Item	Amount (in Rs)
Civil works for upgradation of microscopy centres (up to Rs 20,000 per microscopy centre)	1,00,000*
Funds for training of multi-purpose workers and other staff#	40,000
Funds for training of multi-purpose supervisors and related staff	4500
Sub-total available for one-time assistance	1,44,500

\* This is the maximum amount for a TU, to be based on actual plans for renovation of the actual number of microscopy laboratories in the manner laid down in the *Guidelines for the District Tuberculosis Control Society* (May, 1998).

# MO training to be paid for by the DTCS. If MO training is not paid for by the DTCS, then grant-in-aid would be adjusted by the proportionate amount as per guidelines for DTCS.

### Annual Grant-in-Aid

	Amount (in Rs)
Personnel (NGO to ensure full-time, mobile staff to serve as Senior Treatment Supervisor and Senior Tuberculosis Laboratory Supervisor)	1,20,000
Honoraria for directly observed treatment (@ Rs 175/patient for an estimated 25% of the patients cured in the population covered by the NGO)	20,000
General Support (to cover all administrative and technical costs of running the programme, including ensuring the presence of an MO of the TB Unit, book-keeping, getting the accounts audited annually by a chartered accountant, POL and maintenance of vehicles, phone calls, faxes, photocopying, accounting expenses, etc.)	1,95,500
Amount available for annual assistance#	3,35,500

# See Memorandum of Understanding for full information on roles and responsibilities. If laboratory materials and reagents are not provided in-kind by the DTCS, then this amount increased by the actual cost of purchase of laboratory supplies and consumables at a rate of approximately Rs 5 per slide for an estimated 2250 slides/lakh/year. Flexibility of up to 15% is allowed, as in the *Guidelines for the DTCS*, for reallocation under budget heads.

## Requirements/Eligibility Criteria

The NGO must be registered under the Societies Registration Act, having a minimum of 3 years experience in health care. It should have the infrastructure, staff, or volunteers required in the field. In order to be eligible for Scheme 5, an NGO must qualify for Scheme 2 and Scheme 4 also.

The NGO should give a specific undertaking to the District TB Society indicating its commitment to provide effective, uninterrupted service in the area.

The NGO must have an established health facility with a proven track record. All diagnosis, treatment, recording, reporting, and supervision must be done according to the RNTCP policy. Drugs and all other services under the RNTCP must be provided free of cost to patients. The NGO must submit a detailed plan of action, including available staff, expected TB caseload, diagnostic policies and treatment procedures.

The checklist (Annex) must be completed and submitted to the DTCS, and a Memorandum/Letter of Understanding between the DTCS and the NGO must be signed. Upon approval by the DTCS and the State TB Cell, all relevant materials are forwarded to the Central TB Division, for review and approval.

In case the Tuberculosis Unit does not submit quarterly reports regularly, or if the quarterly reports show problems in programme implementation which do not improve after joint supervision, then the arrangement is liable to be cancelled and an alternative arrangement made by the DTCS.

Accounts must be audited every year and audited reports made available to the District TB Control Society no later than 15 June each year.

The project area is liable to be visited by the officers of the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, New Delhi and the State Health Officer. All the records and registers maintained, the staff, material, and equipment provided as well as the work done are liable to be inspected. If the work of the voluntary organizations is not up to the required standards, and/or if it does not comply with the standards laid down by the Government of India and if the RNTCP work is stopped, the assets acquired out of these grants, viz. vehicles, equipments, etc. are returnable or transferred to a new organization as per advice of the Government of India/DTCS, and the grant-in-aid returned on pro-rata basis.

# PROCEDURES

## Approval and Registration

### **SCHEME 1 (HEALTH EDUCATION AND COMMUNITY OUTREACH)**

The DTCS establishes collaboration with NGOs for activities of Scheme 1 without consultation with a higher authority. The DTCS will inform the State TB Cell of the collaboration established.

### **SCHEME 2 (PROVISION OF DIRECTLY OBSERVED THERAPY)**

The DTCS can approve collaboration at its level. A copy of the relevant application, including formats, will be sent to the State TB Cell and the Central TB Division for information.

### **SCHEME 3 (IN-HOSPITAL CARE FOR TUBERCULOSIS DISEASE)**

For provision of drugs from the national supply, recommendation must be made from the District TB Centre and State TB Cell, and must be approved by the Central TB Division. The Central TB Division will maintain registration of all such hospitals.

### **SCHEME 4 (MICROSCOPY AND TREATMENT CENTRE)**

After completion of the application including formats and upon recommendation by the DTCS, approval is obtained from the State TB Cell. A copy of the relevant application, including formats, will be sent to the Central TB Division for information.

### **SCHEME 5 (TUBERCULOSIS UNIT MODEL)**

After completion of the application including formats and upon recommendation by the DTCS as well as the State TB Cell, approval is made by the Central TB Division. A copy of the signed Memorandum of Understanding is to be sent to the State TB Cell and the Central TB Division.

*The Annex (checklist for NGO applications) should be submitted by the NGO to the DTCS, along with all related materials. In the case of Scheme 5, prior to rejecting any proposed agreement, the District TB Control Society/ State TB Cell must seek the approval of the Central TB Division.*

For NGOs collaborating at the State level, the TB Cell of the State Government will decide on the form of cooperation and inform the Central TB Division.

## Period of Assistance

The normal period will be three years, to be renewed only on the basis of satisfactory annual reports of activities, evaluation of performance by the DTCS and recommendation for extension. In case of poor performance and non-diligence, the contract can be terminated at any time without prior notice.

## SUMMARY OF SCHEMES

Scheme	Title	General Description	Role of the NGO	Role of the DTCS/DTIC		Commodity Assistance	Requirements/ Eligibility Criteria	Approval and Registration
				In kind	Grant-in-Aid			
1	<b>Health Education and Community Outreach</b>	NGO staff and volunteers provide advocacy, information, education, and communication.	Orient and train trainers from the NGO who will in turn train NGO volunteers and, if agreed, retrieve defaulters in their area of operation.	Train volunteers, disseminate information, counsel patients and families, and, if agreed, retrieve defaulters in their area of operation.	Rs 5000 for covering 10 lakh population	Literature for training and orientation as available and appropriate	The NGO must be registered under the Societies Registration Act should have a minimum of one year experience with IEC or training in health or related field Letter from the NGO, with specific plan for activities	The DTCS establishes collaboration without consultation with a higher authority then informs the State TB Cell of the collaboration established
2	<b>Provision of Directly Observed Therapy</b>	Staff or volunteers of the NGO provide directly observed therapy (DOT) to patients on RNTCP treatment.	Identify, train, and supervise volunteers engaged in provision of DOT. The NGO ensures continuous service delivery and treatment observation as per policy. Records must be maintained as per RNTCP policy. The policy of free diagnostic and treatment services must be strictly adhered to. The DOT provider is also responsible for ensuring collection of sputum during treatment, and for defaulter retrieval.	Orient and train volunteers who provide DOT TB Programme Staff (including Senior Treatment Supervisors, TB Health Visitors, etc.) supervise volunteers providing DOT. In case of any adverse reactions to medications, the DOTS provider will refer the patient to the treating medical facility.	Rs 10000 for every 1 lakh population or its proportionate amount. If required Rs 175 to the individual volunteer for each patient cured, to be disbursed after the patient is cured.	Literature for training and orientation is given as available and appropriate Medications for the patients placed on treatment.	The NGO must be registered under the Societies Registration Act, should have a minimum of one year experience in outreach work in health or in related fields and have the necessary infrastructure.	The District TB Control Society can approve collaboration at its level. A copy of the relevant application, including formats, will be sent to the State TB Cell and the Central TB Division for information.

**SUMMARY OF SCHEMES (continued...)**

Scheme	Title	General Description	Role of the NGO	Role of the DTCS/DTC	Commodity Assistance		Requirements/ Eligibility Criteria	Approval and Registration
					In kind	Grant-in-Aid		
3	<i>In-Hospital Care for Tuberculosis Disease</i>	The NGO provides in-hospital care for tuberculosis patients. The hospital performs AFB smears and participates in quality control of the District TB Centre. The Hospital may also be a microscopy centre (see Scheme 4) and/or DOT provider (see Scheme 2) for patients on outpatient	The NGO must strictly adhere to diagnostic and treatment policies as laid down in the RNTCP guidelines. Treatment is to be given as per the RNTCP policy. The hospital must ensure proper follow-up sputum examinations as well as record-keeping as per the RNTCP policy. RNTCP treatment should be given only to those patients who live in areas covered by the RNTCP.	The TB programme will provide orientation, training, technical assistance, referral of patients with active tuberculosis who require hospitalization, quality assurance of laboratory services, and supervision and monitoring of activities.	Literature for training and orientation is given as available and appropriate. Medications for RNTCP treatment are provided for patients who live in an RNTCP area and who will continue RNTCP treatment after discharge from the hospital. Required formats are provided as required.	Rs 20,000	The NGO must be registered under the Societies Registration Act, should have a minimum of 3 years experience in the area of operation, and must have availability of the infrastructure, staff/volunteers required. They must have a functioning microscopy laboratory as well as trained medical staff.	For provision of drugs from the national supply, recommendation must be obtained from the District TB Centre and State TB Cell. This must be approved of by the Central TB Division. The Central TB Division will maintain registration of all such hospitals.
4	<i>Microscopy and Treatment Centre</i>			Provide AFB microscopy and TB treatment services free of charge. Technical policy for diagnosis, treatment, and record-keeping strictly per RNTCP policy. The NGO is responsible for ensuring the treatment or referral of all patients found to have a positive AFB smear. The NGO must ensure referral for treatment of patients found to be smear-positive but who live outside the NGO's catchment area.	Laboratory materials and reagents as well as laboratory forms and TB Register. Anti-TB drugs will be provided for the patients who live outside the NGO and who the NGO referred for treatment. The TB Programme will monitor diagnostic quality and will list the facility as an approved RNTCP microscopy centre, as long as performance is satisfactory.	Rs 50,000	The NGO must be registered under the Societies Registration Act, should have a minimum of 3 years experience in the area of operation, and must have availability of necessary infrastructure. It must have a trained microscopist, a room for the laboratory, and regular services of an MO.	After completion of the application including formats and upon recommendation by the District TB Control Society, approval is made by the State TB Cell. A copy of the relevant application, including formats, will be sent to the Central TB Division for information.

**SUMMARY OF SCHEMES (continued...)**

Scheme	Title	General Description	Role of the NGO	Role of the DTCS/DTC	Commodity Assistance	Approval and Registration
5	<b>Tuberculosis Unit Model</b>	NGO provides all RNTCP services for a Tuberculosis Unit (approximately 5 lakh population). Strict compliance with the Operational Guidelines of the RNTCP is mandatory. In general, this should only be considered in areas where the governmental infrastructure is not sufficient to ensure effective RNTCP implementation, and/or where an effective NGO is currently working in the health field in this area.	The NGO ensures full services for microscopy, treatment, direct observation, defaulter retrieval, recording and registration, supervision, etc. The NGO must also coordinate closely with all public and other health facilities in the area. The NGO must ensure the fulfilment of all roles delineated in Scheme 2 and Scheme 4, as well as the more general functions of the Tuberculosis Unit. Accurate and timely quarterly reporting is essential.	Provides technical orientation, guidance, and supervision. Ensures good integration of the Tuberculosis Unit operated by the NGO with other Tuberculosis Units in the District. Includes the staff of the Tuberculosis Unit in all regular meetings of nodal RNTCP implementing staff.	<p>Materials for training and implementation, anti-TB drugs and microscopes.</p> <p>Upgradation of microscopy facilities may be done as commodity assistance by the District TB Control Society.</p> <p>Provision of a 2-wheeler for mobility of STS/ STLS, if required.</p> <p>Laboratory consumables may be in kind.</p>	<p>After completion of the application including formats and upon recommendation by the District TB Control Society as well as the State TB Cell, approval is made by the Central TB Division. A copy of the signed Memorandum of Understanding is to be sent to the State TB Cell and the Central TB Division.</p>

Note:

The normal period of agreement will be three years, to be renewed only on the basis of satisfactory annual reports of activities, evaluation of performance by the DTCS and recommendation for extension. In case of poor performance and non-diligence, the contract can be terminated at any time without prior notice.

**Letter of Agreement**  
**Plan of Activities**

**[Scheme 1: Health Education and Community Outreach]**

This is to certify that \_\_\_\_\_ [Name of NGO]

has been enrolled as an NGO in the District of \_\_\_\_\_

for performance of the following activities in accordance with RNTCP policy:

1. Train volunteers
2. Generate health education and awareness in the community through meetings, discussions, posters, videos, slide shows, and home visits.
3. Disseminate information about the dangers of TB, signs and symptoms, diagnosis and treatment facilities and prevention of TB through different local community forums.
4. Assist DTC staff in defaulter retrieval activities by posting an NGO volunteer at the TB centre.
5. Provide orientation, sensitization, and advocacy for TB patients.

**Complete the following Plan of Activities**

Area where services will be provided: \_\_\_\_\_

Population: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Number of Volunteers to be trained: \_\_\_\_\_ Dates of training: \_\_\_\_\_

List proposed health education sessions, estimated number of people to be reached, and dates (if known).

<b>Dates</b>	<b>Health Education Session</b>	<b>Estimated Attendance</b>

## **Grant-in-aid**

Payment for training will be done as per government rates. Rs 5000 will be paid by the DTCS as annual incidental charges for postage, use of telephone, fax, transportation etc. This is for covering a population of 10 lakhs.

The NGO will not claim any other financial benefit from the Government of India or State Government or District Authority. The NGO shall not claim or take donations in the name of activities listed in this letter of agreement.

## **Programme Evaluation**

The NGO is required to submit a monthly report to the DTCS in the following format:

<b>Dates</b>	<b>Health Education Session</b>	<b>Actual Attendance</b>

---

Signature of DTO

---

Signature of NGO Official

**Letter of Agreement**  
**Plan of Activities**

**[Scheme 2: Provision of Directly Observed Therapy]**

This is to certify that \_\_\_\_\_ [Name of NGO]

has been enrolled as an NGO in the District of \_\_\_\_\_ [Name of District]  
for performance of the following activities in accordance with RNTCP policy:

1. Identify, train and supervise volunteers engaged in provision of Directly Observed Therapy.
2. Ensure adequate number of trained DOT providers at all times in order to deliver services continuously.
3. Ensure that treatment is observed strictly as per policy, every dose in the intensive phase observed and at least the first three doses in the continuation phase, with the empty blister pack being returned at time of administering next observed dose during the subsequent week in continuation phase.
4. Maintain records, (i.e. tuberculosis treatment card) as per RNTCP policy.
5. Provide DOT services free of charge to patients.
6. Provide DOT at a time or place convenient to patients (i.e. prior to or after work) either at an RNTCP facility, one of their own facilities, or any mutually convenient place.
7. Ensure proper collection of sputum from patients during the treatment at defined intervals.
8. Ensure defaulter retrieval in case the patient does not receive DOT as scheduled.

The District TB Control Society (DTCS), DTO, staff, and the NGO will ensure that all NGO volunteers have been oriented and trained appropriately to provide DOT. Programme staff, including Senior Treatment Supervisors, TB Health Visitors, and others will supervise volunteers providing DOT. In case of adverse reactions to medications, the DOT provider will refer the patient to the treating medical facility.

The DTCS will provide literature for training and orientation, medications for patients placed on treatment, and sputum containers for follow-up examinations. In addition, required formats (i.e. Tuberculosis Treatment Card, Laboratory Form for Sputum Examination) will be provided.

#### **Grant-in-Aid**

Rs 175 will be awarded to the individual volunteer for each patient cured. This will be distributed only after cure of the patient is established except as outlined in the *Guidelines for the District TB Control Society*.

Rs 10,000 will be paid by the DTCS as annual incidental charges for postage, use of telephone, fax, transportation, etc. for every one lakh population and will be adjusted proportionately on the basis of population.

### Complete the following Plan of Activities

Area where services will be provided: \_\_\_\_\_

Population: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Number of Volunteers to be trained: \_\_\_\_\_ Dates of training: \_\_\_\_\_

List below the name and address and hours of operation of NGO facilities where DOT will be provided.

Name	Address	Hours of Operation

### Programme Evaluation

The NGO is required to submit a monthly report to the DTCS in the following format:

Name of the NGO facility	Name of the volunteer	TB number of the patient	Outcome (cured/treatment completed/defaulted/ failed/died/ still on treatment)

The NGO will not claim any other financial benefit from the Government of India or State Government or District Authority, or the patient or patient's family.

---

Signature of DTO

Signature of NGO Official

# Memorandum of Understanding

## [Scheme 3: In-Hospital Care for Tuberculosis Disease]

### 1. Parties

The District TB Society of \_\_\_\_\_ [District Name] and NGO or Trust Hospital [Name of NGO], hereinafter referred to as 'designated agency' agree to cooperate in the implementation of TB control activities to patients who require inpatient care.

The RNTCP aims to improve cure rates among tuberculosis (TB) patients, to more than 85%. To make the programme more effective, wider participation of local communities and private health care providers in TB control is required.

The designated agency is an organization of \_\_\_\_\_ [insert one sentence about the organization's involvement in health].

### 2. Period of Cooperation

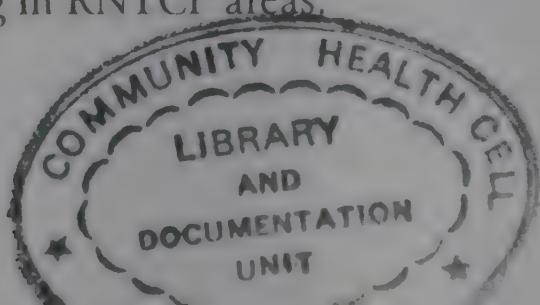
The objectives of this MOU are:

- a) To identify and establish the roles and responsibilities of the partner in the organization and delivery of TB care as per guidelines to populations referenced in Clause 1.
- b) To provide diagnosis and treatment services for TB control following the RNTCP strategy and thereby ensure an 85% cure rate.
- c) To develop the capacity of health care workers to diagnose and treat TB and implement the RNTCP.

### 3. Terms, conditions, and specific services during the period of the MOU.

#### A. The District TB Society shall

- (i) Provide orientation, training, technical assistance to hospital staff.
- (ii) Provide monitoring and quality assurance, including monthly site inspection visits of laboratory/treatment services.
- (iii) Provide technical guidelines and updates (manuals, circulars, etc.) from the RNTCP to the designated agency and review educational materials to be used.
- (iv) Refer patients with serious complications of tuberculosis who require hospitalization.
- (v) Provide RNTCP medicines and laboratory consumables for use as per RNTCP policy for patients living in RNTCP areas.



## B. The Designated agency shall

- (i) Execute this project as specified in Clause 1 following RNTCP policy outlined in the *Technical Guidelines for RNTCP*, *Operational Guidelines for the RNTCP* and *Laboratory Manual for RNTCP*.
- (ii) Provide appropriate TB services according to RNTCP policy during the term of this agreement.
- (iii) Perform AFB microscopy and maintain the laboratory register as per RNTCP ensuring that every patient whose sputum is examined is recorded in the TB laboratory register. Perform laboratory quality control as required. Arrange for feedback of results of sputum examinations to public and private providers who referred the symptomatic patients.

## C. Grant-in-Aid

Rs 20,000 will be paid by the DTCS as annual incidental charges for postage, use of telephone, fax, transportation, etc. If the hospital is also a designated microscopy centre, the assistance envisaged in Scheme 4 would also flow in such cases.

## 4. Programme Evaluation

The NGO is required to submit ' Monthly Report on Logistics and Microscopy—Peripheral Health Institution Level' to the DTCS. The DTCS shall evaluate the performance of the designated agency in the implementation of this MOU every six months in order to ensure the appropriate implementation of this agreement to assess the need for technical support.

## 5. Duration and Renewal

This MOU shall be valid from the first day of \_\_\_\_\_ [month/year] to the last day of \_\_\_\_\_ [month/year], unless terminated sooner by either of the parties hereto. The parties shall meet after the evaluation conducted at the end of the sixth months in order to discuss renewal of this agreement.

---

Signature of DTO

---

Signature of NGO Official

# Memorandum of Understanding

## [Scheme 4: Microscopy and Treatment Centre Model]

### 1. Parties

The District TB Control Society of \_\_\_\_\_ [District Name] and NGO [Name of NGO], hereinafter referred to as 'designated agency' agree to cooperate in the implementation of TB control activities to the population of \_\_\_\_\_ [geographic area] with a population of approximately 1,00,000.

The RNTCP aims to improve cure rates among tuberculosis (TB) patients, to more than 85%. For making the programme more effective, wider participation of local communities and private health care providers in TB control is required.

The designated agency is an organization of \_\_\_\_\_ [insert one sentence about the organization and its involvement in health].

### 2. Period of Cooperation

The period of cooperation shall be two years, commencing the first day of \_\_\_\_\_ [month] of \_\_\_\_\_ [year] until the last of \_\_\_\_\_ [month] of \_\_\_\_\_ [year].

### 3. Objectives

The objectives of this MOU are:

- a) To identify and establish the roles and responsibilities of the partners in the organization and delivery of TB care as per guidelines to populations referenced in Clause 1.
- b) To provide diagnosis and treatment services for TB control following the RNTCP strategy and thereby ensure an 85% cure rate.
- c) To develop the capacity of health care workers to diagnose and treat TB and implement the RNTCP.

### 4. Terms, conditions, and specific services during the period of the MOU

#### A. The District TB Society shall

- (i) Provide anti-TB drugs to the designated agency for the period of this agreement. The amount of drugs provided will be sufficient to treat patients reported in quarterly reports and confirmed in the TB Register.
- (ii) Provide overall monitoring and quality assurance, including monthly site inspection visits, cross-checking of the Laboratory Register and patient records;

- (iii) Provide technical guidelines and updates (manuals, circulars, etc.) from the RNTCP to the designated agency and review educational materials to be used.
- (iv) Provide technical training for Laboratory Technician.
- (v) Provide Laboratory Register, lab forms, as well as reagents and supplies (slides, sputum containers) for patients undergoing sputum examinations.

B. The designated agency shall:

### Policy

- (i) Assume responsibility for executing this project in the target areas specified in Clause 1 following the RNTCP policy.
- (ii) Provide appropriate TB services according to the RNTCP policy to a minimum of \_\_\_\_\_ [at least 50 per lakh population covered] patients per year during the term of this agreement.

### Diagnosis

- (iii) Liaise with qualified private practitioners in the area to establish a screening and referral system through which TB suspects are sent to the designated laboratories for sputum examination and develop a referral system through which functionaries of all public dispensaries and clinics operating in the area are able to refer symptomatic patients to the designated microscopy laboratories.
- (iv) Perform AFB microscopy and maintain the Laboratory Register as per the RNTCP, ensuring that every patient whose sputum is examined is recorded in the TB Laboratory Register. Perform laboratory quality control as required. Not charge patients who reside within the district for the cost of microscopy. Arrange for feedback of results of sputum examinations to public and private providers who referred the symptomatic patients.
- (v) Provide health education to the community.
  - a) Generate health education and awareness in the community through meetings, discussion, posters, videos, slide shows and home visits.
  - b) Prepare and disseminate literature and training materials.
  - c) Inform the community about the dangers of TB, signs and symptoms, diagnosis and treatment facilities and prevention of TB through different local community forums. Cured patients can also play an important role in identification and motivation of symptomatic persons for sputum examination, and in ensuring that they take regular treatment. These patients can also be mobilized as health educators and DOT providers.
  - d) All Microscopy/Treatment Centres shall have the following messages prominently

displayed in local language.

- (i) All diagnosis and treatment of TB are free of cost.
- (ii) All persons with cough for 3 weeks or more should have 3 sputum samples examined.
- (iii) TB can be cured.

### **Treatment, including Direct Observation of Therapy**

- (vi) Provide anti-TB treatment as per the RNTCP policy.
- (vii) Develop a system for direct observation and follow-up and return to treatment of non-adherent patients according to RNTCP policy. Patients who miss a dose of treatment during the intensive phase are to be visited in their homes within one day of the missed dose, and, during the continuation phase, within one week of a missed dose.
- (viii) Ensure follow-up and return to treatment of non-adherent patients according to RNTCP policy.

### **Drug Supply**

- (ix) Maintain adequate inventories of drugs and consumables for smooth operation of the RNTCP in the area. Not charge patients for anti-TB medications under the RNTCP.

### **Monitoring and Supervision**

- (x) Appoint a Laboratory Technician, who shall perform the duties described in the RNTCP *Operational Guidelines for TB Control*.
- (xi) Maintain a Laboratory Register for the area and ensure that all patients who begin treatment and reside within the district are registered in the TB Register of the RNTCP.
- (xii) Train TB workers according to the RNTCP policy.
- (xiii) Prepare and submit monthly reports on Programme Management and Logistics to the DTCS and according to RNTCP guidelines as per schedule.

### **C. Grant-in-Aid**

Rs 50,000 will be paid by the DTCS as annual incidental charges for postage, use of telephone, fax, transportation, etc. This would also provide for routine antibiotics (i.e. co-trimoxazole) to be provided free of charge to the patients, in order to implement the RNTCP diagnostic algorithms as per policy.

## **6. Penalties/Guaranties**

- (i) Either party shall have the right to terminate the understanding at any time with thirty days' notice in writing indicating reasons for same to the other party. In-kind goods must be

returned at the point of termination of this agreement.

(i) If the other party wishes to continue the contract, it must respond in writing within 30 days of receipt of termination notice.

(ii) If a resolution between the two parties is not possible, then the State TB Officer shall attempt to resolve the dispute. A final decision on this matter will be made, if necessary, by the State Director of Health Services or his/her designee.

(iii) Failure to implement the project as agreed upon in clause No. 5 may lead to termination of this agreement.

## **7. Programme Monitoring**

If the proportion of sputum positive patients is less than half of pulmonary cases put on treatment, or the sputum conversion rate at 3 months for new smear positive patients is less than 85%, intensive supervision and evaluation will be done collaboratively.

## **8. Programme Evaluation**

The NGO is required to submit 'Monthly Report on Logistics and Microscopy—Peripheral Health Institution Level' to the DTCS. The DTCS shall evaluate the performance of the designated agency in the implementation of this MOU every six months in order to ensure the appropriate implementation of this agreement to assess the need for technical support.

## **9. Duration and Renewal**

This MOU shall be valid from the first day of \_\_\_\_\_ [month/year] to \_\_\_\_\_ [month/year], unless terminated sooner by either of the parties hereto. The parties shall meet after the evaluation conducted at the end of the sixth months in order to discuss renewal of this agreement.

---

Signature of DTO

---

Signature of NGO Official

# Memorandum of Understanding

## [Scheme 5: Tuberculosis Unit Model]

### 1. Parties

The District TB Control Society of \_\_\_\_\_ [District Name] and NGO [Name of NGO], hereinafter referred to as 'designated agency' agree to cooperate in the implementation of TB control activities to the population of \_\_\_\_\_ [geographic area] with a population of approximately 5,00,000.

The RNTCP aims to improve cure rates among tuberculosis (TB) patients, to more than 85%. To make the programme more effective, wider participation of local communities and private health care providers in TB control is required.

The designated agency is an organization of \_\_\_\_\_ [insert one sentence about the organization's involvement in health].

### 2. Period of Cooperation

The period of cooperation shall be two years, commencing the first day of \_\_\_\_\_ [month] of \_\_\_\_\_ [year] until the last of \_\_\_\_\_ [month] of \_\_\_\_\_ [year].

### 3. Objectives

The objectives of this MOU are:

- a) To identify and establish the roles and responsibilities of the partners in the organization and delivery of TB care as per guidelines to populations referenced in Clause 1.
- b) To provide diagnosis and treatment services for TB control following the RNTCP strategy and thereby ensure an 85% cure rate.
- c) To develop the capacity of health care workers to diagnose and treat TB and implement the RNTCP.

### 4. Terms, conditions, and specific services during the period of the MOU

#### A. The District TB Control Society shall

- (i) Provide start-up and recurring costs to the designated agency as detailed in this Memorandum.
- (ii) Provide anti-TB drugs to the diagnosed agency for the period of this agreement. The amount of drugs provided will be sufficient to treat patients reported in quarterly

reports and confirmed in the TB Register and through patient interview.

- (iii) Provide overall monitoring and quality assurance, including monthly site inspection visits, cross- checking of Laboratory Registers and TB Registers as well as other medical records.
- (iv) Provide technical guidelines and updates (manuals, circulars, etc.) from the RNTCP to the designated agency and review educational materials to be used.
- (v) Provide technical training for the STS.
- (vi) Provide TB and Laboratory Registers, laboratory forms, as well as reagents for patients undergoing sputum examinations.

## B. The designated agency shall

### **Policy**

- (i) Assume responsibility for executing this project in the target areas specified in Clause 1 following RNTCP policy outlined in the *Technical Guidelines for RNTCP, Operational Guidelines for the RNTCP*, and *Laboratory Manual for RNTCP*.
- (ii) Provide appropriate TB services according to RNTCP policy during the term of this agreement.

### **Diagnosis**

- (iii) Provide its own medical officer, at its own sole expense, for diagnosis and treatment of tuberculosis. Liaise with qualified private practitioners in the area to establish a screening and referral system through which TB suspects are sent to the designated laboratories for sputum examination and develop a referral system through which functionaries of all public dispensaries and clinics operating in the area are able to refer symptomatic patients to the designated microscopy laboratories.
- (iv) Perform AFB microscopy and maintain the Laboratory Register as per the RNTCP ensuring that every patient whose sputum is examined is recorded in the TB laboratory register. Perform laboratory quality control as required. Not charge patients for AFB microscopy. Arrange for feedback of results of sputum examinations to public and private providers who referred the symptomatic patients.
- (v) Provide health education to the community.
  - a) Generate health education and awareness in the community through meetings, discussion, posters, videos, slide shows and home visits.
  - b) Prepare and disseminate literature and training materials.
  - c) Inform the community about the dangers of TB, signs and symptoms, diagnosis and treatment facilities and prevention of TB through different local community forums. Cured patients can also play an important role in the identification and motivation of

symptomatic persons for sputum examination, and in ensuring that they take regular treatment. These patients can also be mobilized as health educators and DOT providers.

- d) All microscopy/treatment centres shall have the following message prominently displayed in the local language.
  - (i) All diagnosis and treatment of TB are free of cost.
  - (ii) All persons with cough for 3 weeks or more should have 3 sputum samples examined.
  - (iii) TB can be cured.

### **Treatment, including Direct Observation of Therapy**

- (vi) Provide anti-TB treatment as per RNTCP policy.
- (vii) Develop a system for direct observation and follow-up and return to treatment of non-adherent patients according to the RNTCP policy. Patients who miss a dose of treatment during the intensive phase are to be visited in their homes within one day of the missed dose, and, during the continuation phase, within one week of a missed dose.

### **Drug Supply**

- (viii) Maintain adequate inventories of drugs and consumables for smooth operation of the RNTCP in the area. Not charge patients who reside within the district for anti-TB medications given.

### **Monitoring and Supervision**

- (ix) Appoint a Senior Treatment Supervisor, who shall perform the duties described in the RNTCP *Operational Guidelines* for TB Control.
- (x) Maintain a TB Register for the area and ensure that all patients who begin treatment and reside within the district are registered in the TB Register of RNTCP.
- (xi) Train TB workers according to the RNTCP policy.
- (xii) Prepare and submit monthly and quarterly reports (New and Retreatment cases, Sputum Conversion, Results of Treatment, Programme Management and Logistics) to the DTCS and according to RNTCP guidelines as per the schedule in this Memorandum; submit an annual statement of audited accounts for each year up to 31 March to the DTCS no later than 15 June.

### C. Grant-in-Aid

The available budget is given below. This is to be released by DTCS to the NGO on a yearly basis.

#### Start-up Activities (one-time only)

Item	Amount (in Rs)
Civil works for upgradation of microscopy centres (up to Rs 20,000 per microscopy centre)	1,00,000*
Funds for training of multi-purpose workers and other staff*	40,000
Funds for training of multi-purpose supervisors and related staff	4500
Sub-total available for one-time assistance	1,44,500

- \* This is the maximum amount for a TU, to be based on actual plans for renovation of the actual number of microscopy laboratories in the manner laid down in the *Guidelines for the District Tuberculosis Control Society* (May, 1998).
- # MO training to be paid for by District Tuberculosis Control Society. If MO training is not paid for by the DTCS, then grant-in-aid would be adjusted by the proportionate amount as per *Guidelines for District Tuberculosis Control Society*.

#### Annual Grant-in-Aid

	Amount (in Rs)
Personnel (NGO to ensure full-time, mobile staff to serve as Senior Tuberculosis Supervisor and Senior Tuberculosis Laboratory Supervisor )	1,20,000
Honoraria for directly observed treatment (@ Rs 175/patient for an estimated 25% of the patients cured in the population covered by the NGO)	20,000
General Support (to cover all administrative and technical costs of running the programme, including ensuring the presence of an MO of the TB Unit, book-keeping, getting the account audited annually by a chartered accountant, POL and maintenance, phone calls, sending of facsimiles, photocopies, accounting expenses, etc.)	1,95,500
Amount available for annual assistance*	3,35,500

- # See Memorandum of Understanding for full information on roles and responsibilities. If laboratory materials and reagents are not provided in kind by the District TB Control Society, then this amount is increased by the actual cost of purchase of laboratory supplies and consumables at a rate of approximately Rs 5 per slide for an estimated 2250 slides/lakh/year. Flexibility of up to 15% is allowed, as in DTCS guidelines, for reallocation among budget heads.

## 6. Penalties/Guarantees

- (i) Either party shall have the right to terminate the understanding at any time with thirty days' notice in writing indicating reasons for the same to the other party. In-kind goods must be returned at the point of termination of this agreement.
- (ii) If the other party wishes to continue the contract, it must respond in writing within 30 days of receipt of the termination notice.
- (iii) If a resolution between the two parties is not possible, then the State TB Officer shall attempt to resolve the dispute. A final decision on this matter will be made, if necessary, by the State Director of Health Services or his/her designee.
- (iv) Failure to implement the project as agreed upon in clause No. 5 may lead to termination of this agreement.

## 7. Programme Monitoring

If the proportion of sputum smear-positive patients is less than half of pulmonary cases put on treatment, or the sputum conversion rate at 3 months for new smear-positive patients is less than 85%, intensive supervision and evaluation will be done collaboratively.

## 8. Programme Evaluation

The NGO is required to submit to the DTCS Quarterly Reports on (1) New and Re-treatment cases of TB, (2) Sputum Conversion of New Cases, Relapses and Failures, (3) Results of Treatment of TB Patients Registered 12–15 months earlier, (4) Programme Management and Logistics. The DTCS shall evaluate the performance of the designated agency in the implementation of this MOU every six months in order to ensure the appropriate implementation of this agreement to assess the need for technical support.

## 9. Duration and Renewal

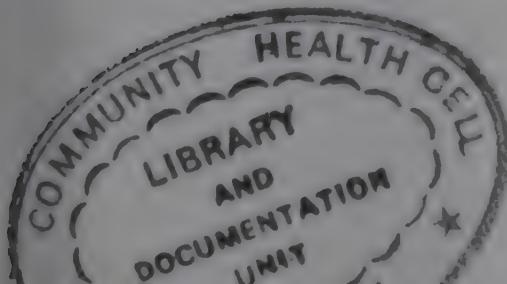
This MOU shall be valid from the first day of \_\_\_\_\_ [month/year] to the last day of \_\_\_\_\_ [month/year], unless terminated sooner by either of the parties hereto. The parties shall meet after the evaluation conducted at the end of the sixth months in order to discuss renewal of this agreement.

---

Signature of DTO

---

Signature of NGO Official



DTS 219 N99  
03317

## ANNEX

### Checklist for applying to the DTCS for participation in RNTCP under various Schemes

1. Name of NGO: \_\_\_\_\_
2. Registration Number: \_\_\_\_\_
3. Address of NGO: \_\_\_\_\_
  

---

4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_
5. Name of the President: \_\_\_\_\_
6. Address of the President: \_\_\_\_\_
7. Scheme for which applied (tick all that apply)
  - Scheme 1: Health education and community outreach
  - Scheme 2: Provision of directly observed treatment
  - Scheme 3: In-hospital care for tuberculosis disease
  - Scheme 4: Microscopy and treatment centre
  - Scheme 5: TB Unit Model
8. Proposed geographic area of work of the NGO: \_\_\_\_\_
  

---

#### **Scheme 1: Health education and community outreach. (Please tick)**

- Registration of the NGO (under the Societies Registration Act) attached
- NGO has a minimum of one-year experience with IEC or training in health or related fields
  - Details attached
- Letter from the NGO with specific plan for activities attached
- Population to be covered by the NGO: \_\_\_\_\_ lakh
- Letter of Agreement must be signed prior to implementation

## **Scheme 2: Provision of directly observed treatment. (Please tick)**

- Registration of the NGO (under the Societies Registration Act) attached
- NGO has a minimum of one-year experience in outreach work in health or in related fields
  - Documentation attached
- Plan of action attached
- List of NGO staff to be trained as trainers attached
- NGO has volunteers who live or work in the area (preferably)
  - List attached
- Population to be covered by the NGO: \_\_\_\_\_ lakh
- Letter of Agreement must be signed prior to implementation

## **Scheme 3: In-hospital care for tuberculosis disease. (Please tick)**

- Registration of the NGO (under the Societies Registration Act) attached
- NGO has a minimum of three years experience in the area of operation
  - Documentation attached
- Does the hospital have the following:
  - Infrastructure (hospital beds, provision of food, etc.)
    - Documentation attached
  - Staff or volunteers
    - Documentation attached
  - A functioning microscopy laboratory
    - Documentation attached
  - Medical staff trained in RNTCP
    - Documentation attached
  - Letter attached from the Medical Superintendent indicating that the hospital will follow RNTCP guidelines
    - Documentation attached
  - Letter attached from the Medical Superintendent indicating that the hospital will provide free diagnostic and treatment services, including drugs free of cost to the patient
    - Documentation attached
  - Memorandum of understanding must be signed prior to implementation

#### **Scheme 4: Microscopy and treatment centre. (Please tick)**

- Registration of the NGO (under the Societies Registration Act) attached
- NGO has a minimum of three years experience in the area of operation
  - Documentation attached
- Does the facility have the following:
  - Infrastructure (functional binocular microscope, electricity and water)
    - Documentation attached
  - Availability of a room of at least 10' x 10' size with laboratory facilities (water, sink, etc.)
    - Documentation attached
  - Staff or volunteers
    - Documentation attached
  - A functioning microscopy laboratory
    - Documentation attached
  - A trained microscopist
  - Regular services of a Medical Officer
    - Details attached
  - Medical staff trained in RNTCP
    - Documentation attached
  - Letter attached from the Medical Superintendent or equivalent indicating that the facility will follow RNTCP guidelines
  - Letter attached from the Medical Superintendent or equivalent indicating that the facility will provide free diagnostic and treatment services, including drugs free of cost to the patient
  - Memorandum of understanding must be signed prior to implementation

### **Scheme 5: TB Unit Model. (Please tick)**

- Registration of the NGO (under the Societies Registration Act) attached
- NGO has a minimum of three years experience in the area of operation
  - Documentation attached
- Does the facility have the following:
  - Infrastructure (e.g. room for STS/STLS)
    - Documentation attached
  - Staff or volunteers
    - Documentation attached
  - Letter attached from the Medical Superintendent or equivalent indicating that the facility will follow RNTCP guidelines
  - Letter attached from the Medical Superintendent or equivalent indicating that the facility will provide free diagnostic and treatment services, including drugs free of cost to the patient
  - The NGO also qualifies for Schemes 2 and 4
  - Letter attached from President or equivalent officer indicating that the NGO has given an undertaking to the DTCS for providing effective and uninterrupted service in the area
  - Detailed plan of action attached, including staff, expected TB case load, diagnostic policies and treatment procedures
  - The NGO has a proven track record as a health facility
    - Details attached
  - Memorandum of understanding must be signed prior to implementation





